

# The UCHealth Zero Suicide Implementation Journey

Robin Schawe (She/Her) LPC, LAC  
Zero Suicide Coordinator

# Words of Wisdom

The two most impactful quotes from the Zero Suicide Academy:

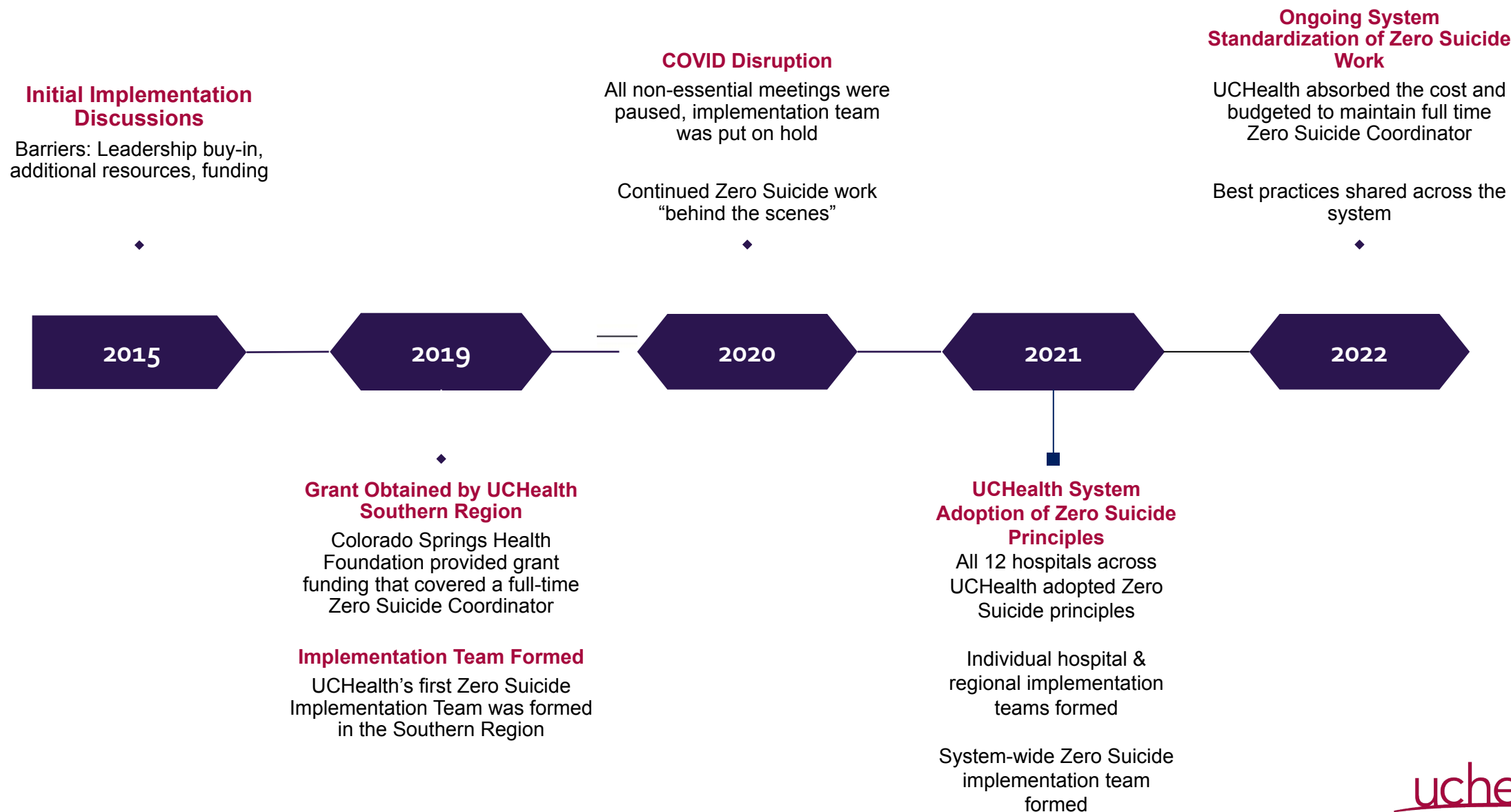
Implementing Zero Suicide is a Marathon, not a sprint.



Implementing Zero Suicide is like a faucet with a trickle of water, not a full on gush.



# History of Zero Suicide Implementation at UCHealth



# All 12 UCHealth Hospitals Adopted Zero Suicide Principles

## Northern Region:

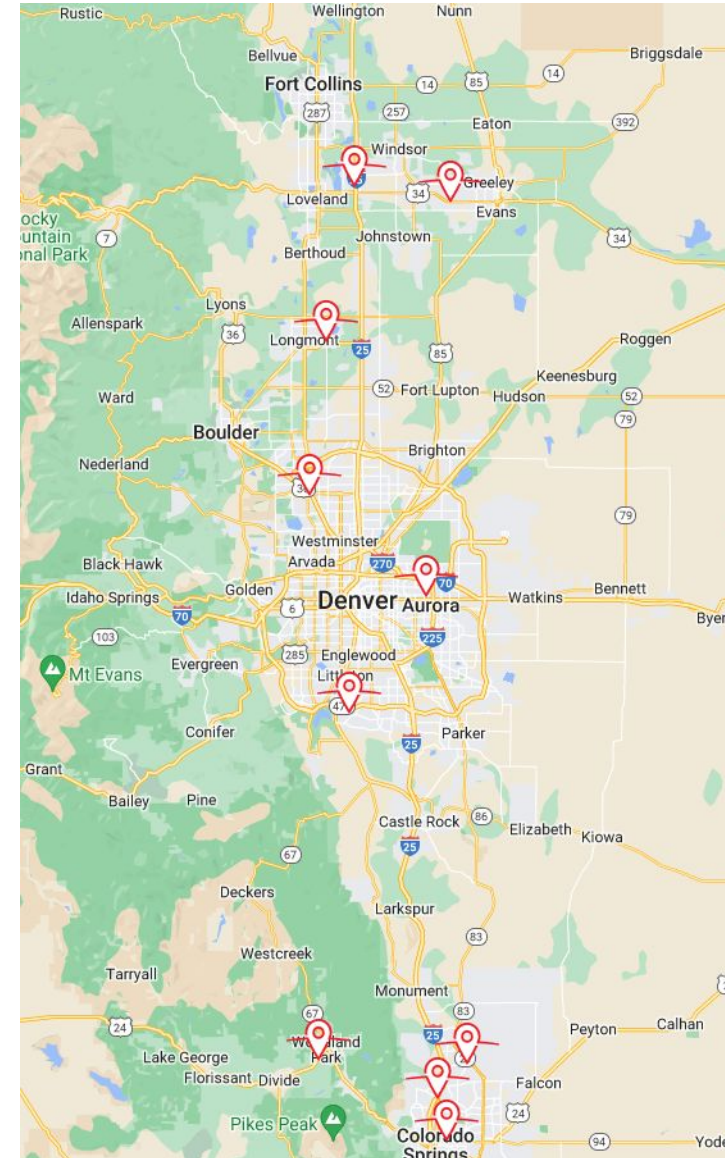
**Greeley Hospital**  
**Medical Center of the Rockies**  
**Poudre Valley Hospital**  
**Yampa Valley Medical Center**

## Metro Region:

**Broomfield Hospital**  
**Highlands Ranch Hospital**  
**Longs Peak Hospital**  
**University of Colorado Hospital**

## Southern Region:

**Grandview Hospital**  
**Memorial Hospital Central**  
**Memorial Hospital North**  
**Pikes Peak Regional Hospital**



## **Lead system-wide culture change committed to reducing suicides**

- Funded a Full-Time Zero Suicide Coordinator based out of the Southern Region
- Regional & local hospital level implementation teams meet monthly
  - Zero Suicide Coordinator supports all implementation teams
- System-wide implementation meeting occurs monthly

# Southern Region Implementation Team

- 45 Total Team Members
- 6 members with lived experience
- Team Membership Includes:
  - Hospital Staff from all departments (clinical & non-clinical roles)
  - Community Members
  - Individuals who have received services at UCHealth



# Southern Region Implementation Team Examples

## **Lead system-wide culture change committed to reducing suicides**

Team Challenge: You are being challenged with talking to as many people within UCHealth about Zero Suicide as possible. Mention Zero Suicide in every meeting you attend. Talk to all of your staff and co-workers about Zero Suicide.

## **Train a competent, confident, and caring workforce**

Team Challenge: You are being challenged with meeting with your Zero Suicide Coordinator directly to get dates and times scheduled for your staff members and teammates to receive QPR Training in the month of September!

## **Identify individuals with suicide risk via comprehensive screening and assessment**

Team Challenge: You are being challenged with reviewing The Columbia Suicide Severity Rating Scale (C-SSRS) yourself and then re-educating/training your staff/co-workers on it. "Nail" story on our next meeting which she would like for you to share when revisiting the C-SSRS with your staff and co-workers.

# Southern Region Implementation Team Examples

## **Engage all individuals at-risk of suicide using a suicide care management plan. Treat suicidal thoughts and behaviors using evidence-based treatments**

Team Challenge: There is evidence behind what Zero Suicide calls "Caring Contacts." Caring Contacts consist of mailing cards, sending emails or making phone calls to those who have recently been discharged from the hospital. Research shows that sending Caring Contacts reduces the number of individuals who go on to attempt suicide. You are being challenged to come up with ways to get more caring contacts out in a shorter amount of time!

## **Transition individuals with care through warm hand-offs and supportive contacts**

Team Challenge: You are being challenged to come up with location resource list specific to individuals at risk of suicide. For example, there are therapists in El Paso County who specialize in Collaborative Assessment & Management of Suicidality (CAMS).

## **Improve policies and procedures through continuous quality improvement**

Team Challenge: You are being challenged with figuring out ways to pull the most accurate data possible around patients who are seen within UCHealth for suicidal ideation, suicide attempts, and sadly, those who die by suicide.



# System-Wide Implementation Team

- Consists of approximately 40 UCHealth staff members from:
  - All regions
  - All hospitals
- Working as a system to streamline Zero Suicide for all UCHealth staff and patients:
  - Reducing care variances by creating standardized, evidence-based processes
  - Leveraging resources and lessons learned



# Train a competent, confident and caring workforce

## **Clinical Staff:**

- Question, Persuade, Refer (QPR) – All clinical staff
  - Provided by several QPR certified trainers across the system
- Safety Planning – All Behavioral Health staff
- Lethal Means Counseling – All Behavioral Health staff
- Trauma Informed Care – All interested clinical staff
- Assessing and Managing Suicide Risk (AMSR) – All interested Behavioral Health staff
- Collaborative Assessment & Management of Suicidality (CAMS) – All interested Behavioral Health staff
- Columbia Suicide Severity Rating Scale (C-SSRS) – All Nursing staff & Direct Patient Observers

## **Non-Clinical:**

- Question, Persuade, Refer (QPR) – All non-clinical staff
  - Working on making QPR mandated for all new hires

# Staff Feedback on QPR

UCHealth Staff - Behavioral Health Clinical Therapist – UCHA 4/26/22

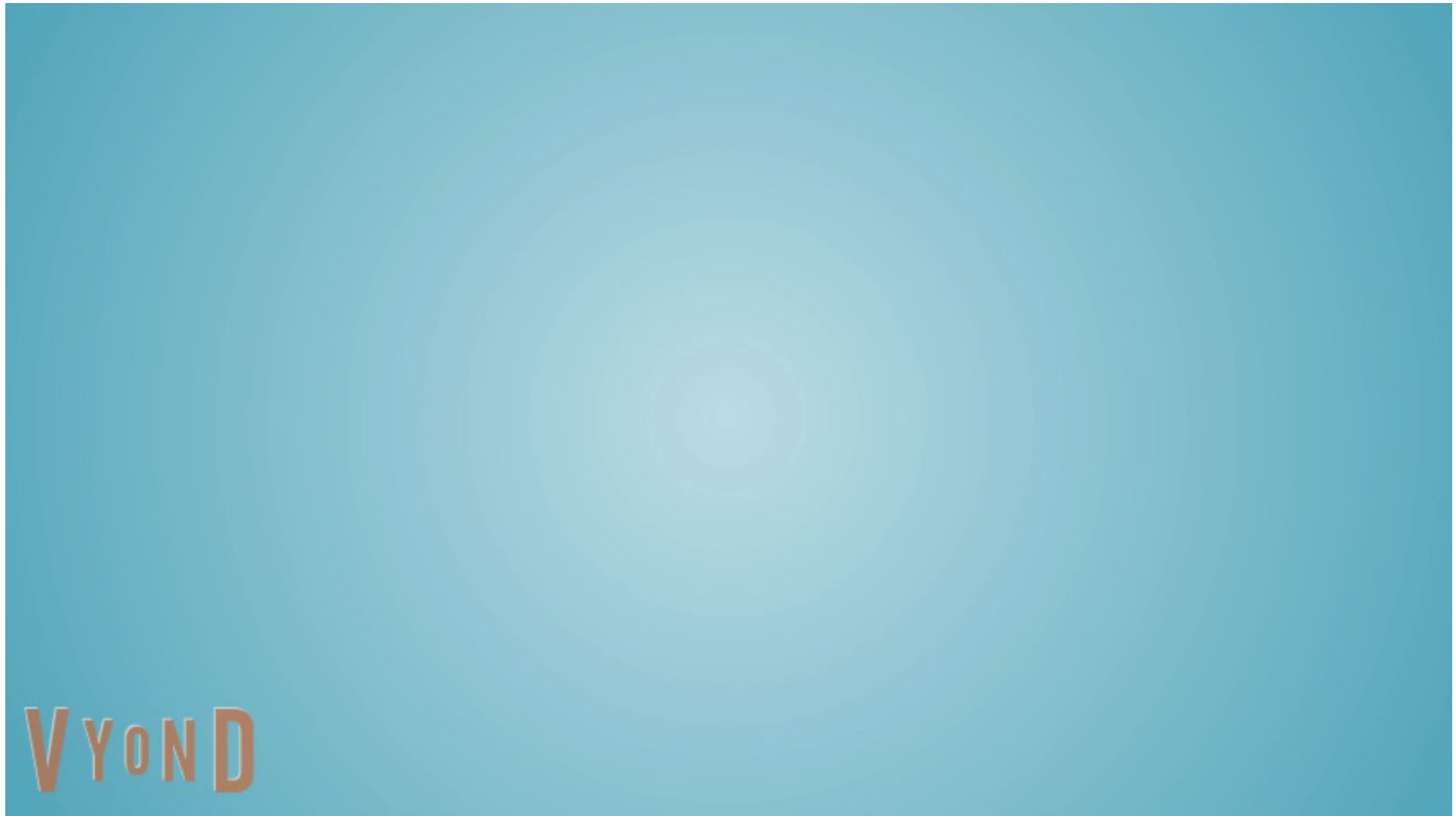
“I do very much appreciate the information that was relayed during this training. I was a bit out-of-date regarding some of the statistics related to suicide and suicide prevention. **I also found the experience quite powerful due to the level of contributions that were made by some of the other individuals that attended the training.** I am very happy that everyone felt comfortable being able to share their experiences and how the facilitators were warm and compassionate with their responses, support, and offers to assist.”

UCHealth Staff – Care Contact Representative – UCHA 4/22/22

“I really enjoyed this course. This course was beyond an eye opener not only of facts that I thought I knew, and was wrong but the true knowledge and education I have gained from this. **A person can be going through this for themselves, their family members, kids, neighbors, church members and to be properly educated and know how to recognize not only the signs, but that you can help save a life is unbelievable.** I think that this course should not be voluntarily it should be mandatory for everyone that is in the healthcare field, that has any interactions with patients, or take care of patients. Yes there are flows for staff to follow in the PLRC, but its completely different than being in an actual training course and being informed.”

# **Identify individuals with suicide risk via comprehensive screening and assessment**

- Emergency Departments & Acute Care Hospitals
  - Columbia Suicide Severity Rating Scale (C-SSRS) is used for universal screening of all patients 12 and older
  - Annual training through ULearn, UCHealth's learning module platform
  - UCHealth Emergency Departments screened over 484,000 patients in the last 12 months
- Ambulatory Clinics
  - PHQ2 to PHQ9 process for all patients 12 and older
- All hospitals, ED's, and clinics within UCHealth have access to 24/7 support through the Virtual Behavioral Health Center (VBHC)
  - On-demand comprehensive behavioral health evaluations
  - Suicide risk assessments utilize C-SSRS with SAFE-T protocol

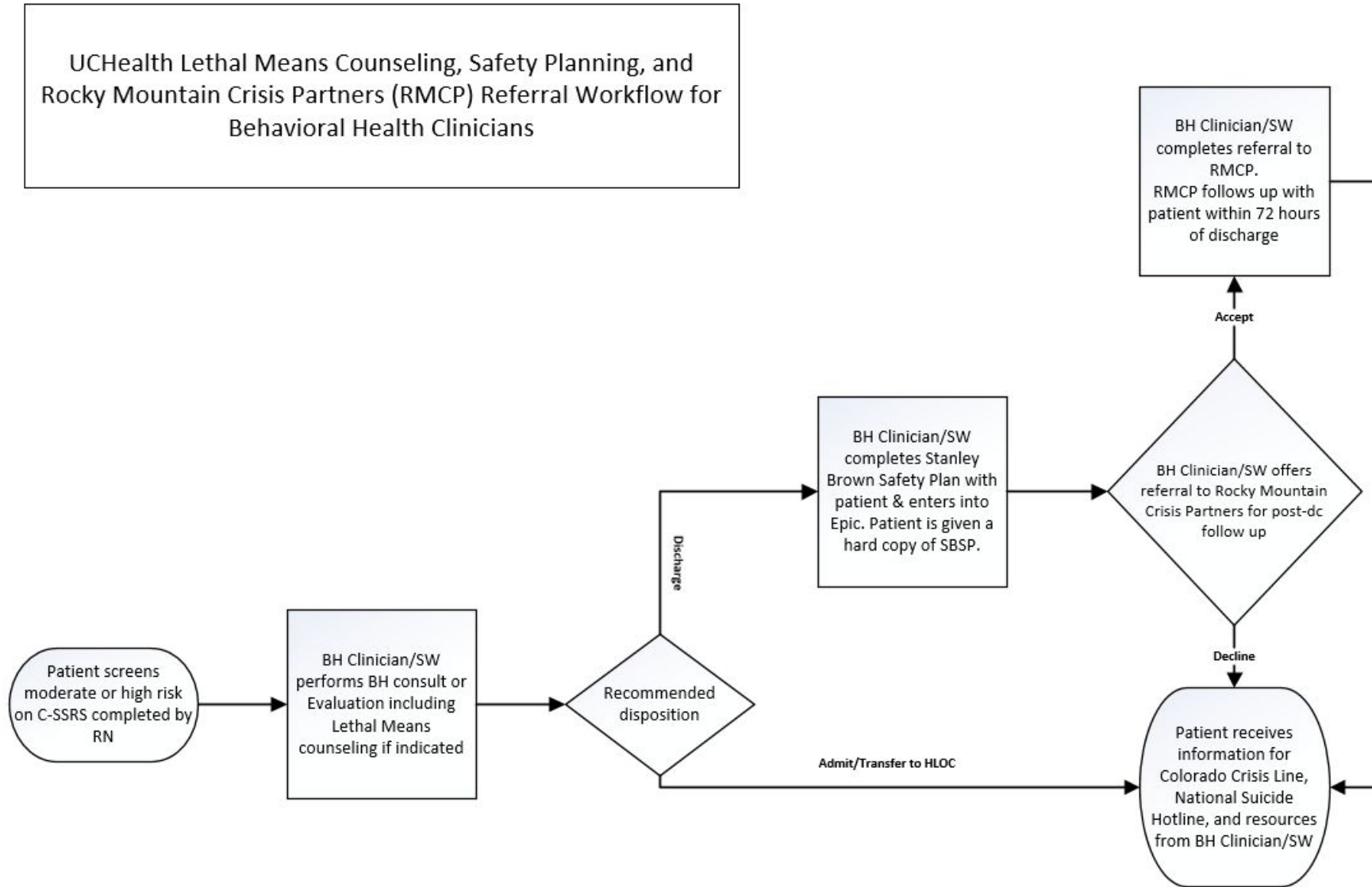


# Engage all individuals at-risk of suicide using a suicide care management plan

In the Zero Suicide framework, ENGAGE broadly refers to:

- A pathway to care that instills hope and is recovery focused
- Collaborative safety planning
  - Stanley Brown Safety Plan used across UCHHealth
- Counseling on access to lethal means
  - Lethal Means Counseling, Gun Lock Boxes
- The steps taken by providers to maintain the patient's engagement in, and commitment to, their care while working collaboratively with the individual
  - Care Unit 4 Packet
- Maintaining communication with the individual between appointments and during transitions – *work in progress*
  - Partnership with Rocky Mountain Crisis Partners (RMCP)
  - Caring Contacts

# Emergency Department & Inpatient Workflow



# Treat suicidal thoughts and behaviors using evidence-based treatments

- Patients who are admitted to the hospital are seen by the Psychiatry Consult Liaison (CL) Team
  - CL's are able to work with the patients using evidence-based treatments such as CAMS and CBT
  - Brief therapy also provided by BH Clinicians throughout the system
- Biggest Challenge
  - How do we treat a patient with evidence based treatments when they are only in the ED for a short period of time?



# Transition individuals with care through warm hand-offs and supportive contacts

## Rocky Mountain Crisis Partners

- All of the hospitals within UCHealth use RMCP for voluntary patient follow-up
- Challenge: getting patients to agree to RMCP follow-up

## Caring Contacts

- Includes sending cards, emails and making phone calls
- In the Southern Region the ZS Coordinator makes contact with all patients seen in the Behavioral Health area of the Emergency Department and all inpatients with suicidal ideation or who were referred by staff.
- Individuals 65 and older receive a minimum of three cards.
- If individuals are referred directly by staff they also receive a minimum of three cards.
- Challenge – lack of phones/addresses for patients to allow for follow-up
- 3,674 Caring Contacts Completed between April 2021-April 2022



# Stop Gap Project: Mental Health Outreach

Purpose: To create assistance with mental health recommendations and resources for any unestablished patient or patients with a delay in their ability to establish at UCHealth for mental health concerns.

## Key Points:

- Not mandatory but a resource that can be utilized IF the nurse feels this would benefit the patient
- Not for urgent or same day needs
- Patients will receive contact within a 7-10-day period
- Established patients needing resources or follow up should be referred to their PCP for support

# Improve policies and procedures through continuous quality improvement

- Policies & Procedures in place that are reflective of ZS processes:
  - Assessment and Care of the Suicidal Patient
  - 72-Hour Mental Health Holds
  - Assessment & Care of the Gravely Disabled Patient
  - Assessment & Care of the Homicidal Patient
- Comprehensive Suicide Screening Dashboard available in PowerBI, a data modeling platform
- Close relationship with the El Paso County Coroner - receive and review coroner death reports
- Current project: A Manager's Guide to Suicide Postvention in the Workplace
  - Requested A Manager's Guide to Suicide Postvention in the Workplace be adopted within the system as a whole.

# Southern Region - Peer Support

UCHealth South has trained physicians, APPs, nurses, behavioral health specialists, chaplains and more as peer support coaches.

Peer support coaches are NOT professional counselors. They listen and support, provide immediate help and assistance, and, if necessary, refer personnel to an appropriate professional resource.

Peer support is confidential: what is said to a peer support coach stays between the employee and the peer support coach, except in times of imminent danger.

Information is not shared with supervisors, management, or HR.

# Questions and Discussion

**Robin Schawe (She/Her) LPC, LAC**

Zero Suicide Coordinator

719-365-7902

[robin.schawe@uchealth.org](mailto:robin.schawe@uchealth.org)